9558C

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GEORGE E. COLE®

No. 801 November 1994

WARRANTY DEED Statutory (illinois) (Corporation to Corporation)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE Trojan VANNELS INC

8956-60 S. LOOM'S

a corporation created and existing under and by virtue of the laws of the State of ILLINO'S and duly authorized to transact business in the State of ILLINO'S, for and in consideration of IEN

DOLLARS,

in hand paid,

and pursuant to authority given by the Board of In Irain Vanners and of said corporation, CONVEYS and WARRANTS, to

The City of Chicago

a corporation organized and existing under and by virtue of the laws of the State of ILLINO'S having its principal office at the following address 8956-60 S. Loom'S SL.

the following described Real Estate situated in the County of _

95580586

DEPT-01 RECORDING

\$25.00

- . T#0012 TRAN 6186 08/31/95 11:28:00
- 40472 + CG *-95-580586

_ and State of Illinois, to wit:

COOK COUNTY RECORDER

2500

Above Space for Recorder's Use Only

THAT PART OF LOT 12 LYING SOUTH OF A LINE DRAWN FROM A POINT ON THE EAST LINE OF SAID LOT 12. A DISTANCE OF 46.98 FEET, NORTH OF THE SOUTHEAST CORNER THEREOF, TO A POINT ON THE WEST LINE OF SAID LOT 12, A DISTANCE OF 47.28 FEET, NORTH OF SOUTHWEST CORNER THEREOF, IN BLOCK 9, IN BRAINERD'S SUBDIVISION (EXCEPT BLOCKS 1 AND 8 THEREOF) OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Arrest: 15 obly Journal DOV

Secretary

UNOFFICIAL C

43388

UNQFFFCJAS TOPPY

CHANGE OF INFORMATION FORM

SCANABLE DOCUMENT - READ THE FOLLOWING RULES			
Changes must be kept in t DO NOT use punctuation	he space limitations shown	Print in CAPITAL LETTERS with BLACK PEN ONL Allow only one space between names, numbers and add	
SPECIAL NOTE:			
h ⁻ you	do not have enough room for you	h the NAME, leave one space between the name and number in full name, just your last name will be adequate AUST BE INCLUDED ON EVERY FORM	
NAME	PII 5 - 66 - 111	N: 9-027-0000	
CIT	Y OF CE	ICAGO	
STREET I	NUMBER STREET N OUTY CHICAC STATE: ZIP:	ADDRESS: NAME = APT or UNIT LLE 6T GUZ -	
STREET	NUMBER STREET I O G COO CITY CHICAC STATE: ZIP:	Y ADDRESS: NAME = APT or UNIT	95580586

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